

POSITION	INITIALS	ID NO.	DATE
	<i>Ab</i>		<i>11-24-01</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>459</i>	<i>12/7/01</i>
FORMALITY REVIEW	<i>S.A</i>	<i>1022</i>	<i>12/12/01</i>
RESPONSE FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>03-12-02</i>

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 ÷ ..... Restricted                        O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	0
4	0
5	0
6	✓
7	✓
8	0
9	✓
10	0
11	✓
12	✓
13	✓
14	✓
15	=
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	0
25	0
26	0
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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98	✓
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100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
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135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

574  
 12/12  
 851  
 03/31/02